

CITY OF TIGARD

Road Closure Request



If you wish to request a road closure for a special event, you are required to submit the following information to the Tigard Police Department at least 6 weeks before the proposed closure date(s).

Reason for closure request: _____

Contact person: _____

Name of the Organization: _____

Telephone number: Daytime _____ Evening _____

Date(s) and time(s) of closure: _____

Location of closure request: Attach a map with closure(s) clearly identified and a complete traffic control plan.

Have you notified/discussed this closure with:

Affected residents/businesses	Y__ N__
Local emergency service providers	Y__ N__
School District	Y__ N__ N/A __
Tri-Met	Y__ N__ N/A __

If you have any questions, please contact Sgt. Gerald Bartolomucci, 503-718-2567.

Following a decision on this request, you will be notified.

PD approval _____
Engineering approval _____
Public Works approval _____

Any special conditions:

1. *Notices shall be delivered to affected properties 48 hours in advance of closure.*
2. _____
3. _____

Please return this form to:

Tigard Police Department, 13125 SW Hall Blvd., Tigard, OR 97223 503-639-6168